

Integrated Care Management

Care Coordination Portal



Module: Care Coordination Portal

Goal

The goal of this module is to provide Community Care Entities (CCE) and Care Management Entities (CME) providers with an overview of the Care Coordination Portal and to explain how to navigate in Guiding Care to locate member information to ensure member needs are being met and supplement care coordination, as necessary.

Objectives

Understand how to request access to the Care Coordination portal (CCP).

Recall who to contact to resolve any access issues (reset password).

Demonstrate how to send and receive messages.

Navigate to view member Utilization information and claims information.

Identify assigned care team contacts-Care Guide/ Care Manager Plus, providers and contact information.

Navigate to view the risk levels, HRA, care plan, SMART goals, activity notes, scheduled appointments, HEDIS, EPSDT, MCO sentinel and critical incidents; 24/7 nurse line, G&A.

Locate and view CANS, CareSource screenings and assessments.

Lessons

Lesson 1 Introduction to the Care Coordination Portal (CCP)

Lesson 4 Provider Navigation Lesson 2 CCP Levels of Access

> Lesson 5 Regulatory Requirements

Lesson 3 Member View

Lesson 6 Future State/Next Steps

Lesson 1

Introduction



CareSource Care Coordination Portal (CCP)

Altruista Guiding Care application.

Access provided to CCEs and CMEs.

Supports messaging.

Member access.

Lesson 2

Access

Accessing the CCP-flow 1



OH|ID Portal Login Page



https://ohid.ohio.gov/wps/portal/gov/ohid/login/

OH|ID Portal Dashboard



Landing Page

| CareSource | You are in Care Coordi | Health MEMBER NAME | ▪ Enter te | ext to search | Q | | | | | | | Welcome Michel External Care Sta Time zone: ES | e ff T | í |
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| Assigned Type Enrollment Status | Risks | | | | | Today 🔺 🕨 🛱 | Thursday, January 2 | 26, 2023 | | | | Da | y Week I | Month |
| Primary Care Members All Members | Assigned Risk | ~ | | | | | | | Th | u 1/26 | | | | |
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Lesson 3 Member View

Accessing the Member Portal



Member Portal Home Screen



Accessing Guiding Care Member Portal



Member Portal-My Dashboard





My Messages





My Care Plan



My Care Plan



| | Priority | Condition | Opportunity | Goal | Goal Group | Member Goal | Intervention | Member Plan | Assigned Owner | 9 |
|--|-------------|-----------|--|--|---------------------------------|----------------------------------|---|---|----------------|---|
| | <u>High</u> | General | Bridge gap between community resources and member needs | Member has increased knowledge of potential job opportunities. | Economic Stability/Financial | "I want to work at PetsSmart" | Employment: Employment Support Services | Shariden will identify a supported employment provider. | N/A | 1 |

My Health Assessment



My Health Assessment



Current Assessment

| My Health Assessments | |
|---|--------|
| Health Needs Assessment Please take a few minutes to answer the following questions about your health. Your responses will help your care team recommend action steps to improve your health and wellness. | |
| 1 of 33 | Exit 😃 |
| Date of HRA: Please select the date. | |

| Current Assessme | ents | completed. |
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| Health Needs Assessment | In-Progress | |
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| | | |

Lesson 4

External Care Staff Navigation

Logging In



OH|ID Portal Dashboard



Landing Page

To perform a quick search, you can search by Medicaid_ID by choosing that from the dropdown and entering the number in the box on the right.

| CareSource | You are in Care Coordinat Go to Population Heal | MEDICAID | NO · Enter | text to search | Q | | | | P | | Welcome Michelle External Care Staf Time zone: EST | . |
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| Assigned Type Enrollment Status | Risks | | | | | Today 🔺 🕨 🛱 Th | ursday, January 26, 2023 | | | | Day | Week Month |
| Primary Care Members 🗸 All Members | ✓ Assigned Risk | ~ | | | | | | Thu 1 | /26 | | _ | |
| Last Name 🕇 🛛 First Name | Altruista ID DOB | Risk | Next Contact | Assigned Date | Program Name | | | | | | | * |
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| | | | | | | Member Name | Activity Type | Scheduled Date | Refer Date | Refer by | Priority | Status WQ |
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Landing Page

Click Population Health (1) to navigate to your Dashboard.

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| signed Type Enrollment Status | Risks | | 1 | | | Today 4 b 🛱 Th | ursday January 26, 2023 | | Ganow run da | y | | av Week N | Month |
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Alerts (2) are generated from claims that include emergency room visits and inpatient admission/discharges. To see the list of alerts, simply click on the alert bell.

Quick Search for a Member



To perform a quick search from your Population Health Dashboard, you can search by Medicaid_ID by choosing that from the dropdown and entering the number in the box on the right.

My Members

| CareSource | ALTRUISTA ID Enter text to search Q | Welcome Michelle External Care Staff Time zone: EST |
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| My Members | E Filter By | Select |
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| Admission/ Discharges | Last Name 1 First Name Altruista ID DOB Risk Risk Score | Search (2) |
| 🛗 My Calendar | | Care Organization OH:74018153 [OHCC100001 (TAX ID)] |
| Knowledge Library | | Search By |
| Requests | (2) | Select |
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| | Please select practice TIN from care X | Add NPI & Service Locations |
| | OH:74018153 [OH organization drop-down and click on search | NPI |
| H | practice. | Select ~ |
| | | |
| | | Search <u>Reset</u> |
| ck search | (3) to display all members associated | |
| h the Care | Organization chosen (2) | o |

My Members (Roster View)

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| 🔁 Dashboard | 📰 Filter By | | | | | | | | | |
| • My Members | Filter: Select | ✓ □ | ✓ Show | Save | | | | | | Q Find Unattributed Members |
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This search displays all members associated with the Care Organization chosen on the previous slide.

Care Organization Please select practice TIN from care × **(i)** OH:74018153 [OH organization drop-down and click on search My Members to view all members associated to that practice. CareSource ***** Q (i) External Care Staff ALTRUISTA ID Enter text to search Time zone: EST Ú - EA 중 ▲ = Ø InPatient OutPatient Pharmacy HCBS Alerts Manage Calenda **Ξ** Global Search Clear Filter × No records found. Access Previously Saved Searches Dashboard My Members Active/Enrolled ~ Select search name 🗄 Filter By My Members Select 🗌 前 Select Save 🔂 Filter: Select ~ Show Set this search as default Quality 0 Measures Last Name ↑ First Name Altruista ID DOB Risk **Risk Score** Search Admission/ Ē. Discharges Care Organization You can also search using criteria in the 曲 My Calendar **、** (i) OH:74018153 [OHCC100001 (TAX Click 'search' to 'search by' area. When searching by Knowledge <u>+</u> Library see your results Search By member name (3), you then type in the 2 Select Requests based on the Search Text member's name in the search text box. search criteria you Authorizations have entered. Add NPI & Service Locations NPI |∢ | ∢ | ① Select Search By Select Select Reset Search ALTRUISTA ID FAMILY LINK ID MEMBER NAME SUBSCRIBER ID MEMBER NAME TIN -----

My Members (Roster View)

| CareSource | | ALTRUISTA ID 🗸 | Enter text to search | Q | | | | | We Ext | Icome Michelle ernal Care Staff Time zone: EST |
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| Discharges | * | | | | | Low | 126 | OH | N/A | N/A |
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The next slide walks through how to navigate the Roster View.
My Members

| Car | eSource | | ALTRUISTA ID | Q | | | | | | | | Welcome Michelle External Care Staff |
|----------|---------------------|----------------|---|----------|--------------|-----|------|------------|-------------|---------|--|--|
| ` | ∎ | | | | | | | | | | Image: My Calendar Image: F My Calendar Action ▼ | an Notes Alerts |
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| | Dashboard | T Fliter By | Inactive/Disenrolled | | | | | | | | Alerts | _ |
| | My Members | Filter: Select | C Select PCP Last Visit Last PCP Appointment | Show | Save | | | | | | Description Count S Members that have not been seen by their <u>42482</u> C PCP in last 90 days | CLAIMS N/A |
| _ | | <u> </u> | Las Next PCP Appointmen | | Altruista ID | DOB | Risk | Risk Score | Client Name | Next Co | ER Alert <u>18278</u> C | LAIMS N/A |
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| 4 | Last Name 🔺 | First Name | ALT ID | DOB | Risk | Risk Score | Company | Next Contact | Assigned Date/Attribute Date | Program Name | PSU Score | |
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| Qı | uality | Mea | sure | S | | | | A | Not Addressed |
|--|---|------------------------------------|---------------------------------|-----------------------|-------------|------------|-------------|--------|---------------------------------------|
| | | | | _ | | | | | |
| CareSou | All | .TRUISTA ID 🔹 Ent | ter Text Q | • | | | | i | In Progress |
| * & ≡ | | | | | | | | G | Completed |
| ← | Quality Measu | I res Use the Filter By but | tton to review all filtering ch | noices | | | | ✓ | Is Compliance |
| 🕐 Dashboa | ard | | | | | | | | Verified |
| My Mem | Measure Version: 202 | 1 🗸 Quality Measure Group | p: Default |) In Progress 🛣 Expor | rt to Excel | | | | |
| Ouality | Sco | ecard Last Name | First Name DOB | Altruista ID | Client Name | RISK SCORE | AdultAccess | Asthma | Control |
| Measure | es * : 2 | 50% | | | ОН | 50 | 1 | | |
| Admissio | on/ | 50% | | | ОН | 130 | 1 | | · |
| Discharg | ges : | 50% | | | ОН | 233 | ✓ | | |
| | ndar 📃 | 33% | | | ОН | 123 | A | _ | |
| 🗰 My Calen | * | 0% | | | ОН | 105 | | _ | |
| 🖬 My Calen | | | | | ОН | 327 | 1 | | |
| My Calen Knowledg Library | ge i | 50% | | | | | | | |
| My Calen | lge i 🗆 | 50% 0% | | | ОН | 170 | | _ | |
| My Calen Knowledg Library Requests | s i o | 50% 0% 100% | | | он | 170 91 | - | - | · · · · · · · · · · · · · · · · · · · |
| My Calen Knowledg Library Requests | s i o | 50% 0% 100% | | | он | 91 | - | - | · · · · · · · · · · · · · · · · · · · |

Admission/Discharges

| Con Status Member is no Member | engaged in a care transition program. aged in care transition program. ompleted the care transition program. |
|--|--|
| Methode is in a structure is in the index is in a structure is index is a structure is a structure is a structure is index is a structure is a st | aged in care transition program. |
| Member is en Montecords found. Admission / Discharges Use the Filter By button to review all filtering choices Image: Select with the filter By Member has of the cords found. Member is en Image: Select with the filter By Image: Select with the first with the facility Event Disch Ack Disch Ack On Ack By Medic Altrui Risk Comp Score Not Clentar Image: Select with the first with the facility Event Disch Ack On Ack By My Calendar Image: Select with the first with the facility Event Disch Ack On Ack By My Calendar Image: Select with the first with the facility Event Disch Ack On Ack By My Calendar Image: Select with the first with the facility Event Disch Ack On Ack By My Calendar Image: Select with the first with the facility Event Disch Ack On Ack By My Calendar Image: Select with the first with the facility Event Disch Ack On Ack By My Calendar Image: Select with the first with the first with the facility Event Disch Ack On Ack By Image: Select with the first with the first with the facility Event Disch Ack On Ack By Image: Select with the first with the first with the facility Event Disch Ack On Ack By Image: Select with the first with the first with the facility Event Disch Ack On Ack By Image: Select with the first wit | aged in care transition program. |
| Last First DOB Admit Facility Disch Ack./Un- Ack/Un- Ack/Un- <t< th=""><th>mpleted the care transition program.</th></t<> | mpleted the care transition program. |
| Quality Measures ADT Admission/Discharge: Load Date From Date: 02/24/2022 To Date: 05/25/2022 Excent Type: Select Class: Select Q 2 In progress Admission/ Discharges My Calendar My Calendar | |
| Admission/ Discharges Last First DOB Admit Facility Event Disch Ack/ Disch Disch Ack/Un- Ack/Un- Ack/On My Care Medic Altrui Risk Comp Risk Score Load Load Next Activity Activity Due My Calendar Last Name First Nam | |
| My Calendar Lest Nerre First Name | atus |
| | 1) |
| Knowledge Library Add Appairsment Add R01 Add R01 ADT Summary 3 | |
| Requests Requests | |
| Authorizations View More Summary View Notes | |
| | |
| No items to dis | |

Not Used





Member Info-Member Details



Member Info-Caregivers

| CareSource | ALTRUISTA IE |) v Enter Text | Q | | | | | | | | | Velcome Michelle |
|--------------------|--|--|----------------------------------|------------|------------------|--------------------|--|------------------------------|-------------------------|---|-------------------------|---|
| ⋒ ∎ | | | | | | | | | | 🛗 My Calenda | ar Action ▼ Pla | n Notes Alerts Manag |
| Member Summa | 117y 2 Phone : 999-999-9999 PCP : Tiffa | Care Manager : Sarah Overh Community Care Org : Not Available | Life Threatening Allergies Clier | nt : OH | | | | | RISK | SCORE | RISK LEVE Medium | L RISK WEIGHT O |
| Member is current | try accessed by another | 2 | | | ~ |) | | | | | | |
| ← | Member Details Caregive | e rs Care Team Programs E | ligibility | | | | | | | | | |
| ← e Member Info | Member Details Caregive | ers Care Team Programs E | Eligibility Home Phone | DOB | Gender | Preferred Language | Relation | Caregiver Type | Is Primary | Go to Release of Info | of Information 😗 | Add 🖋 Edit 👘 Delete 👁 View |
| ← | Member Details Caregive | Care Team Programs E | Home Phone N/A | DOB N/A | Gender Female | Preferred Language | Relation Grandparent/C Affidavit | Caregiver Type N/A | Is Primary No | Go to Release (Release of Info N/A | of Information O | Add 🖋 Edit 🍿 Delete 👁 View Member Portal Access N/A |
| ← | Member Details Caregive | Care Team Programs E | Home Phone N/A | DOB N/A | Gender Female | Preferred Language | Relation Grandparent/C Affidavit | Caregiver Type | Is Primary No | Go to Release of Info | of Information 🕄 | Add 🖋 Edit 🗊 Member I N/A |

Member Info-Care Team

| | Care | Source | ALTRI | UISTA ID | Enter Text | | Q | | | | | | | | | | Welcome External | Michelle Care Staff | • (i |
|---|------------|-----------------------------------|---|--|--|--------------|--------------------------|--------|-----------|---------------------------------|--------------|---------------------|------------|------------|----------------|---------------------------|------------------------|-------------------------|----------|
| | | | | | | | | | | | | | | | | 🛗 My Calendar | f E (Action - Plan | Alerts | Aanage - |
| | Mem Mem | ber Summary ber is currently a | Phone : 999-9 PCP : Tiffany ccessed by another ca | 999-9999 Care M y Blaz Com are staff | Manager : Sarah Over | 'h ilable | Life Threatening Allergi | es Cli | ient : OH | \bigotimes | | | | | F | NISK SCORE 2 | RISK LEVEL Medium | RISK WEIGHT 0 | |
| | ← | | Member Details Ca | aregivers Care | Team Program | ns Elig | gibility | | | | | | | | | | | | |
| 1 | Θ | Member Info | Name Clinic / | Org. / Dept. Start [Clinic / Org. / Dept. | Care Team Role | PCP | Premium Provider | РВР | Primary | Specialty | Phone | Extension Number | Fax | Start Date | Go End Date | to Release of Information | on Config Columns 😌 | Add 🖋 Edit 🔊 Hi | story |
| | ~ | Health | Tiffany Blaz | N/A | N/A | 1/25 | No | No | N/A | Certified Nurse Practitioner | 7404544585 | N/A | 7404544008 | 02/01/2019 | 12/31/2099 | N/A | No | N/A | * |
| | A | Care Plan | Sarah Overholser | Health Services | INT: Care Coordinator | 3) | No | N/A | Yes | N/A | 937-487-4618 | N/A | N/A | 04/11/2022 | N/A | N/A | No | N/A | |
| | | cure nun | Rachel Grant | N/A | INT: IT Support | | No | N/A | N/A | N/A | N/A | N/A | N/A | 05/25/2022 | N/A | N/A | No | N/A | |
| | | Activity Record | Patrick Janovick | N/A | Physician/Medical Doctor (MD) P | No | No | No | N/A | Family Practice | 3302969606 | N/A | 3302978830 | 04/10/2022 | N/A | N/A | No | N/A | |
| | | A with a size time. | Hopebridge LLC | Hopebridge LLC | EXT: Agencies G | No | No | No | N/A | Autism Spectrum Disorder | 4706324990 | N/A | 3175208200 | 04/11/2022 | N/A | N/A | No | N/A | |
| | | Authorizations | | | CG: Grandparent/Care Affidavit | t | No | No | No | N/A | | I/A | N/A | 03/01/2022 | N/A | N/A | No | N/A | |
| | ۵Ĩ۵ | Complaints | Andrew Hunt | N/A | EXT: Physician/Medical Doctor (MD) P | No | No | No | N/A | Psychiatry | 2168442874 | N/A | 2168445883 | 04/01/2022 | N/A | N/A | No | N/A | |
| | | | | | | | | | | | | | | | | | | | |
| | | | H 4 1 F H | 20 🔻 items pe | r page | | | | | | | | | | | | | 1 - 7 of 7 items | Ċ |

Member Info-Programs

| CareSource | ALTRUISTA ID 🔹 Enter Text | Welcome Michelle External Care Staff |
|-----------------------|--|---|
| ♠₽ = | | Image: My Calendar Image: My Calendar My Calendar Plan Notes Alerts |
| Member Summary | Phone : 999-999-9999 Care Manager : Sarah Overh | RISK SCORE RISK LEVEL RISK WEIGHT |
| Member is currently a | PCP : Tiffany Blaz Community Care Org 2 ble Life Threatening Allergies Client : OH accessed by another care staff 2 | 2 Medium 0 |
| <i>←</i> | Member Details Caregivers Care Team Programs Eligibility | |
| e Member Info | 🗮 Display All Records in Grid View | 🔁 Add New Program 💿 Aid & Supplemental Data History 🔀 Export 🔮 Upload 💿 History |
| 😍 Health | Medium In Control In C | |
| Care Plan | Program ends 9999 days after eligibility ends | |
| Activity Record | | |
| | | |

Member Info-Eligibility



Health-Member Medical Info

| Phone Care Ma PCP : Tiffany Blaz Communit mber Medical Info Visits Diagn nary Medical Conditions: | vailable Life Threatening Allergies | Client : OH | | | RISK SCORE RISK LEVI 2 Medium | EL RISK WEIGHT 1 0 |
|---|--|---|--|---|--|---|
| mber Medical Info Visits Diagn | osis Medications Health Indicators Aj | opointments | | | | |
| nary Medical Conditions: | | | | | | |
| | Diabetes Typ | e -1 | Primary Behavioral Co | onditions: | Not Avai | lable |
| litional Medical Health Info: | Not Available | | Additional Behavioral | Health Info: | Not Avai | lable |
| ondary Medical Conditions: | Not Available | | Secondary Behavioral | Conditions: | Not Avai | lable |
| ght: | Not Available | | Weight | | Not Avai | lable |
| nmunication Impairment: | Traumatic Br | ain Injury | Care Manager: | | Sarah O | verholser |
| grams: | Medium | | Service Interruption: | | Not Avai | lable |
| cuation Zone: | Not Available | | | | | |
| Risk Stratification Information | | | | | | |
| Risk Stratification Information | | | | | | |
|) Add 🔗 Edit 🍈 Delete 🖞 Show A | All Records 🖞 History 🖉 Update Score | | | | | |
| Risk Type | Risk Category | Payor | Risk Score | Start Date | End Date | Primary |
| Expected Risk | High | N/A | N/A | 02/08/2023 | N/A | No |
| OH Medicaid Risk Stratification | High | N/A. | N/A | 05/26/2022 | N/A | No |
| | ndary Medical Conditions: ht: munication Impairment: rams: uation Zone: Risk Stratification Information Risk Stratification Information Add @ Edit Delete D Show # CH Medicaid Risk Stratification | ndary Medical Conditions: Not Available ht: Not Available munication Impairment: rrams: Medium uation Zone: Medium Risk Stratification Information Risk Strat | ndary Medical Conditions: Not Available ht: Not Available munication Impairment: rams: Medium uation Zone: Medium Risk Stratification Information Risk Type Risk Category ♂ Update Score Risk Type Risk Category N/A OH Medicaid Risk Stratification High N/A | ndary Medical Conditions: Not Available Secondary Behavioral ht: Not Available Weight munication Impairment: Traumatic Brain Injury Care Manager: rams: Medium Service Interruption: vanton Zone: Not Available Risk Stratification Information Risk Stratification Information vantor & Pelete O Show All Records O History O Update Score Image: Risk Category Risk Type Risk Type Risk Category Payor Risk Stratification High N/A | ndary Medical Conditions: Not Available Veight ht: Not Available Veight munication Impairment: rams: rams: | ndary Medical Conditions: Not Available Secondary Behavioral Conditions: Not Available Not Available munication Impairment: Traumatic Brain Injury Care Manager: Sarah O rems: Medium Service Interruption: Not Available Not Available station Zone: Medium Service Interruption: Not Available Not Available Risk Stratification Information Risk Stratification Information Payor Risk Score Start Date End Date Risk Type Risk Category Payor Risk Score Start Date End Date Risk Stratification High N/A N/A Score End Date O Mediced Risk High N/A N/A Score End Date |

Health-Member Medical Info

| | | Allergies & Sensitivities | | | | | | | |
|--|---------------------------|---|-----------------------------------|----------------------|--------------------|---|--------------------|---------------------|------------------|
| | | | | | | | | 🗘 Add 🖋 i | Edit 🗊 Delete |
| | | Medication / Other Trigger | Sensitivity Description | Life Threatening | Created By | Created On | Updated By | Updated On | |
| | | Amoxicillin | Anaphylaxis | Yes | Sarah Overholser | 04/11/2022 | N/A | N/A | <u> </u> |
| | | | | | | | | | * |
| | | Varcination details | is per page | | | | | 1-10 | f litems O |
| | | Select | ∙ Q <i>3</i> | | | | | 🕄 Add 🖋 Edit 🌐 Dele | ete 💿 History |
| | | Vaccination Name | Vaccination Date 🔻 | Vaccination Status | Created By | Created On | Updated By | Updated On | |
| | | COVID Injection 2 | 07/01/2021 | Received | Sarah Overholser | 04/11/2022 | N/A | N/A | * |
| | | | | | | | | | |
| Preventive screening details | | | is per page | | | | | 1 - 2 o | r f2items Ŏ |
| Preventive screening details | | | ns per page | | | • A | dd 🖋 Edit 🍿 Delete | 1-20 | r2 items O |
| Preventive screening details Preventive Screening Name | Preventive Screening Date | Created By | is per page Created On | Update | d By | Updated On | dd 🖋 Edit 前 Delete | 1-20 | r f 2 items Ö |
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| | Preventive Screening Date | Created By | rs per page Created On | Update | d By | Updated On Ne | dd 🖋 Edit 👔 Delete | 1-20 | f2items Ó |
| Preventive screening details Preventive Screening Name Preventive Screening Name S items per p imary Medical Condition : Diabetes Type -1 rollment Months : CareSource : 4 y poportunity Identified | Preventive Screening Date | Created By Created By Created By | created On | Updated By | d By Updated On | Updated On Networks of the second sec | dd 🖋 Edit 👔 Delete | 1-20 | f2items Ó |
| Preventive screening details Preventive Screening Name Preventive Screening Name S Items per pa Items per p | Preventive Screening Date | Created By Created By Created By | rs per page Created On Created On | Update Updated By | d By Updated On | Vpdated On No | dd 🖋 Edit 👔 Delete | 1-20 | f2items Ó |

Health-Visits

| Cares | Source | MEMBER NAME 🗸 Enter Text 🔍 | Welcome Michelle External Care Staff |
|------------|-----------------|--|--|
| ^ 2 | ≡ | | Image: March of the second |
| Mem | ber Summary | Phone Care Manager : Sarah Overh PCP : Tiffany Blaz Community Care Org : Not Available Life Threatening Allergies Client : OH | RISK SCORE RISK LEVEL RISK WEIGHT 2 Medium 0 |
| + | | Member Medical Infier Visits Diagnosis Medications Health Indicators Appointments | |
| 0 | Member Info | Search By From Date To Date IP Notifications • Image: Search By Type of Visit Enter Text | |
| ~ | Health | IP Notifications Claims EMP ssi n Discharge | 🗘 Add 🖋 Edit |
| Ô | Care Plan | Manual Date Discharge Disposition RPM Score RST Score Facility UAS | Case Status Case Type Primary Diagnosis |
| | Activity Record | | |
| Ľ | Authorizations | | |
| á | Complaints | I I I I I I I I I I I I I I I I I I I | v No items to display 🖒 |

Health-Visits



Health-Visits

| Member Medical Info <u>Visits</u> Dia | agnosis Medications Health Indica | ators Appointments | | | |
|---------------------------------------|-----------------------------------|--------------------|-------------------|-----------------|----------------------------------|
| Search By | Fr | rom Date To Date | | | |
| EMR | ✓ Enter Text | | | | |
| | | | | | View |
| Visit Type | Service From | Service To | Provider Name | Diagnosis Codes | Event Type |
| Recurring patient | 07/29/2021 | N/A | ANNA LICHTENSTEIN | N/A | A08 : Update Patient Information |
| Recurring patient | 07/29/2021 | N/A | ANNA LICHTENSTEIN | N/A | A04 : Register a Patient |
| Recurring patient | 06/24/2021 | N/A | ANNA LICHTENSTEIN | N/A | A08 : Update Patient Information |
| Recurring patient | 06/24/2021 | N/A | ANNA LICHTENSTEIN | N/A | A04 : Register a Patient |
| Recurring patient | 06/17/2021 | N/A | ANNA LICHTENSTEIN | N/A | A08 : Update Patient Information |
| Recurring patient | 06/17/2021 | N/A | ANNA LICHTENSTEIN | N/A | A04 : Register a Patient |
| Recurring patient | 06/10/2021 | N/A | ANNA LICHTENSTEIN | N/A | A08 : Update Patient Information |
| Recurring patient | 06/10/2021 | N/A | ANNA LICHTENSTEIN | N/A | A04 : Register a Patient |
| H I 2 F F 20 V | items per page | | | | 1 - 20 of 31 items 👌 |

Health-Diagnosis

| CareSource | MEMBER NAME v | Enter Text Q | | | Weld Exte | come Michelle ernal Care Staff |
|-----------------|---|---|---|--|--|--|
| ♠ ♥ ≡ | | | | м | y Calendar Action - Plar | Notes Alerts Manage • |
| Member Summary | Phone : Care Manager | ger : Sarah Overh e Org : Not Available Lif <u>e Threatening Allergies</u> | Client : OH | RISK SCO 2 | RE RISK LEVEL Medium | RISK WEIGHT O |
| ← | Member Medical Info Visits Diagnosi | s Medications Health Indicators App | ointments | | | |
| Member Info | Diagnosis Summary Search By | From Date To | Date | | | |
| 😵 Health | All 🗸 Diagnosis Code 🗸 | Start Date ✔ 12/01/2021 🗒 06 | 5/01/2022 🗊 Q 🔁 | * Note: Default sustem displays data for 6 months or | ly change cearch dates for ad | ditional view 🕜 View 🖉 Edit |
| 🔒 Care Plan | Diagnosis Code | | Description | Total | ,, change seer en eeres for oo | |
| Activity Record | Z79.899 Z79.899 T79.899 Z79.899 | | Other long term (current) drug therapy Other long term (current) drug therapy Other problems related to lifestule | 2 4 4 | | |
| Authorizations | 259.0 213.1 | | Homelessness Encounter for screening for diabetes mellitus | 1 | | |
| പ്പ് Complaints | H 4 2 3 4 F H 10 | items per page | Encounter for screening for numan immunopericiency virus [HiV] | 1 | | 1 - 10 of 36 items |
| | | | | Active 🗸 🕄 | Add 🔳 Description <table-cell-rows> Priv</table-cell-rows> | mary 🕀 Secondary 👁 History |
| | Condition | | Category | Start Dat | End Date Rank | Level Created On Primany 04/12/2022 |
| | | | | | | |

Health-Medications

| CareSource | MEMBER NAME 🗸 Enter Text 🔍 | | | Welco Extern | me Michelle nal Care Staff |
|-----------------|---|--|------------------------|-----------------------------|-------------------------------|
| ⋒ ∎ | | | 🗰 My Calenc | dar Action - Plan | Image Image |
| Member Summary | 2 Phone : Care Manager : Sarah Overh PCP : Tiffany Blaz Community Care Org : Not Available Life Threatening Allergies Client : OH | \bigotimes | RISK SCORE 2 | RISK LEVEL Medium | RISK WEIGHT O |
| ~ | Member Medical Info Visits Diagnosis Medications Health Indicators Appointments | Drug-Disease Interaction Drug-Drug Interaction Duplicate Therapy | Show Pharmacy Report | Allergies & Sensitivities | Audit Trail |
| Member Info | Manual Based Medications | | | | |
| 😵 Health | Claim Based Medications | | | | |
| Activity Record | Manually Entered Pharmacies | | | | |

Health-Health Indicators

| CareSource | | MEN | IBER NAME 🔻 Enter Text | Q | | | | | Wel Ext | come Michelle ernal Care Staff |
|-----------------|------------------|----------------|---|------------------------------|--------------------------------|---------------------|-----------------|--|-------------|-----------------------------------|
| ☆ ≗ ≡ | | | | | | | | 🔛 My Calendar | Image: Plan | Notes |
| Member Summary | 2 | Phone : | Care Manager : Sarah Overh | | | | | RISK SCORE | RISK LEVEL | RISK WEIGHT |
| | | PCP : Tiffar | ny Blaz Community Care Org : Not Availabl | e Life Threatening Allergies | Client : OH | | | 2 | Medium | 0 |
| ← 0 | Membe Categor | r Medical Infe | o Visits Diagnosis Medications Indicator: | Health Indicators | pointments | × | | | | Assign/Unassign 🗑 Delete |
| e Member Info | | | Category | Indicator | | | | | Add/View | / Parameter Values |
| 😍 Health | | No Image | EMR | BMI | N/A | | | | | |
| Care Plan | | No Image | 🜲 🛛 Blood Sugar | Blood Sugar | Parameter Enter Blood Sugar | Last Recorded Value | Comment on Last | Last Recorded Date 04/11/2022 11:30:00 AM | | . <u></u> |
| Activity Record | | | | | | | | | | |

Health-Appointments

| CareSource | MEMBER NAME v Enter Text | Q, " | | | | Welco Extern | me Michelle nal Care Staff |
|-------------------------------|---|--|--|---------------|------------------------|-----------------------------|-------------------------------|
| ** ▲ = | | | | | 🛗 My Calenda | r Action - Plan | Notes Alerts Manage |
| Member Summary | Phone Care Manager : Sarah Overh PCP : Tiffany Blaz Community Care Org : Not Available | Life Threatening Allergies Client : OH | | | RISK SCORE 2 | RISK LEVEL Medium | RISK WEIGHT O |
| ← | Member Medical Info Visits Diagnosis Medications H | ealth Indicators | | | | | |
| 9 Member Info | Appointment ID First Name Last Nam Provider Type: Select | e Status: Select | | | | | 🔂 Add |
| 😍 Health | ID Status Appointment Date | Appointment Time Priority | Provider Name | Provider Type | Attachments | Auth ID | |
| Care Plan Activity Record | ID Status ✓ 6 Edit Scheduled Confirm Missed Complete Reschedule Cancel Cancel | | | | | | |
| | Add Activity View | | | | | | |

Care Plan-Team Care Plan (Care Plan Overview)

| Care | Source | MEMBER NAME 🗸 Enter Text 🔍 | | Welco Extern | me Michelle hal Care Staff |
|------------|-----------------|--|------------------------|-----------------------------|--|
| ^ | } ≡ | | 🛗 My Calendar | Image: Plan | Image: State |
| Mem | ber Summary | Phone : Care Manager : Sarah Overh PCP : Tiffany Blaz Community Care Org : Not Available Life Threatening Allergies Client : OH | RISK SCORE 2 | RISK LEVEL Medium | RISK WEIGHT O |
| ← | | Team Care Plan Guiding Opportunities Member Plan Service Plan Advance Directives Community Referral | | | |
| Θ | Member Info | Care Plan Overview Care Plan Barriers Care Plan Strengths Care Plan Review Note All the system generated e-mails will be stopped if the user is found to have a shared e-mail. Strengths Strengths | | | |
| ~ | Health | E General Considerations | | | |
| ô | Care Plan | Category Status Start Date Target Date Select Select MM/DD/YYYY MM/DD/YYYY | | | |
| | Activity Record | Search By Search Text Select By Assigned Owner | | | |
| آ ک | Complaints | Select All : Action Expand All Export to PDF := Full Care Plan | | | 🕀 Add OGI |
| | | (2) (1) | | | |

Care Plan-Team Care Plan (Care Plan

Overview)

Goal

Member Plan

Add Appointment

Assigned Owner

Sarah Overholser

Active

NO

CareSource (01) >> Ohio (02) >> CareSource Ohio (CSOHIO) >> Default (DEFAULT) >> CareSource Ohio Partners for Kids Medical

Member will understand what diabetes is and comply with

Targeted To

N/A

Source

Manual

the treatment plan set by his or her endocrinologist.

Opportunity

Member Goal

Select

Status

Active

Roles

CM Leader

Updated On 04/13/2022

Additional Information

Guideline Source N/A Pavor

Intervention

Sign off Date

04/13/2022

~

Knowledge Deficit regarding Diabetes

Current

N/A

Term

<u>Short</u>

Updated By

Sarah Overholser

Opportunity Resolved Date

Care Manager will educate member about diabetes.

| Sele | cct All : Action 🛇 Colla | pse All 🖾 Export to PDF | ∃ Full Care Plan 1 F So | rt Expanded View | | | | Add OGI |
|---------------------------|--|--|---------------------------------------|-----------------------------------|---|-------------------------------------|----------|-----------------------|
| * | Opportunity <i>Member needs durable mo</i> Member Goal Member will have necessary | edical equipment equipment and supplies | Goal <i>Member will have neces</i> | sary equipment and supplies | Goal Group Disease Management - | - Diabetes | | Condition Diabetes |
| | Select | Current | | | | Priority MODER 🔻 | Sign Off | |
| | Status Active | member about their benefits for d | Member Plan Active | | Start Date 04/12/2022 | Target Date 04/22/2022 | | |
| | Sign off Date 04/13/2022 | Opportunity Resolved Date N/A | Add Appointment NO | Targeted To N/A | Script Name N/A | | | |
| | Roles CM Leader | Term <u>Short</u> | Assigned Owner Sarah Overholser | Source Manual | Created On 04/12/2022 | Created By Glenn Baker | | |
| | Updated On 04/13/2022 | Updated By Sarah Overholser | | | | | | |
| | Guideline Source N/A | | | | | | | |
| | Payor CareSource (01) >> Ohio (02) |) >> CareSource Ohio (CSOHIO) >> | Default (DEFAULT) >> CareS | ource Ohio Partners for Kids Medi | cal Capitation South East Re | egion (FC02) >> ABD - Disabled (AD) | | |
| up Management – | - Diabetes | | Condition Diabetes | | | | | |
| | | | | | | | | |
| | Priority High | ▼ Sign Off | | | | | | |
| te)22 | Target Date 05/12/2022 | | | | | | | |
| ame | | | | | | | | / |
| On)22 | Created By Glenn Baker | | | | | | | |
| | | | | | | | | |

Care Plan-Team Care Plan (Care Plan Barriers)

| CareSource | MEMBER NAME 🔻 Enter Text 🔍 🤿 | | | | | V | /elcome Patrick Provider_User Time zone: EST |
|-------------------------------------|--|------------------------------|-------------------------|----------------|------------------------|-----------------------------|--|
| ☆ & ≡ | | | | | 🛗 My Calendar | Image: Plan | Notes |
| Member Summary | Phone : Care Manager : Sarah Overh PCP : Tiffany Blaz Community Care Org : Not Available Life Threatening Alle | rgies Clien | к: ОН | | RISK SCORE 2 | RISK LEVEL Medium | RISK WEIGHT O |
| ← ⊖ Member Info | Team Care Plan Guiding Opportunities Member Plan Service Plan Adv Care Plan Overview Care Plan Barriers Care Plan Strengths Care ① Add Care Plan Barrier ③ Expand All Expand All | vance Directi are Plan Re | vies Community Referral | | | | |
| 😻 Health | Barrier Name | Priority | Status | Туре | | | Remove Row |
| 🔁 Care Plan | Member has no transportation to appointments. | <u>N/A</u> | In progress | Transportation | | | ⊖ Î |
| Activity Record | Recent diagnosis of Type 1 Diabetes and lack of education and resources related to it. | <u>N/A</u> | In progress | Other | | | Θ |
| | member's mother is no longer available as support | <u>N/A</u> | In progress | Other | | | Θ |

Care Plan-Team Care Plan (Care Plan Strengths)

| CareSource | MEMBER NAM | ME 🔹 Enter Text 🔍 | | | Welco Exter | me Michelle nal Care Staff |
|-----------------|-------------------------------|--|---------------------------------|------------|------------------------------------|-------------------------------|
| ** ▲ = | | | | | Image: My Calendar Image: Plan | Notes Alerts Manage - |
| Member Summary | Phone : PCP : Tiffany Blaz | Care Manager : Sarah Overh Community Care Org : Not Available Life Threatening <u>Allergies</u> Client : OH | \sim | 1 | RISK SCORE RISK LEVEL 2 Medium | RISK WEIGHT 0 |
| ~ | Team Care Plan Guiding | Opportunities Member Plan Service Plan Advance Directives Communi | ty Referral | | | |
| Member Info | Care Plan Overview Co | the Strepton Strengths Care Plan Review Care Plan Review | | | | |
| 😍 Health | | Strength Name | Туре | Priority | Status | Remove Row |
| 🚯 Care Plan | • | Member has a history of being active and high functioning | Engaged in a healthy life style | <u>N/A</u> | Active | Θ |
| Activity Record | | Grandmother is very involved and supportive | Strong family support | <u>N/A</u> | Active | Θ |

Care Plan-Guiding Opportunities

| CareSour | ce | ALTRUISTA ID 🔹 Enter Text 🔍 | | | | | Welcome External C | Michelle Care Staff |
|--|----------------------------------|---|--|---|---|--|--|---|
| *** | | | | | | My Calendar A | Image: Plan Image: Plan | Alerts Ma |
| Member Su | ummary | Phone : Care Manager : Sarah Overh | | | RISK SC | ORE | RISK LEVEL | RISK WEIGHT |
| | | PCP : Tiffany Bla 2 Vity Care Org : Not Available Life Threatening Allergies Client : OH | | | 2 | | Medium | 0 |
| ÷ | | Team Care Plan Guiding Opportunities Member Plan Service Plan Advance Directives Community Referral | | | | | | |
| e Memb | per Info |)pportunity Source: Existing opportunities 🔹 3 ame: Start Date: Start Date: End | | | | | Peroluo | 🖨 Add 💥 Rai |
| 😻 Health | n | Opportunity | Identified Date | Status | Created By | Created On | Updated By | Updated |
| | | Nnowledge Deficit regarding Diabetes | 04/13/2022 | Added | Glenn Baker | 04/12/2022 | Sarah Overholser | 04/13/20 |
| 🛱 Care P | Plan | Member needs durable medical equipment | 04/13/2022 | Added | Glenn Baker | 04/12/2022 | Sarah Overholser | 04/13/20 |
| Curci | | Member needs further assessment of Diabetes | 04/12/2022 | Resolved | Sarah Overholser | 04/12/2022 | Glenn Baker | 04/12/20 |
| | | | 04/12/2022 | Recolued | 6 1 0 1 1 | 04/12/2022 | Glenn Baker | 04/12/20 |
| | | Member needs further assessment of intellectual/developmental disabilities. | 04/12/2022 | Resolved | Sarah Overhölser | 04/12/2022 | | |
| - Activit | ty Record | Member needs further assessment of intellectual/developmental disabilities. Member needs further assessment of Depression | 04/12/2022 | Resolved | Sarah Overholser Sarah Overholser | 04/12/2022 | Glenn Baker | 04/12/20 |
| - Activit | ty Record | Member needs further assessment of intellectual/developmental disabilities. Member needs further assessment of Depression Member needs further assessment of Bipolar disorder | 04/12/2022 04/12/2022 04/12/2022 | Resolved Resolved | Sarah Overholser Sarah Overholser Sarah Overholser | 04/12/2022 04/12/2022 04/12/2022 | Glenn Baker Glenn Baker | 04/12/20 04/12/20 |
| Activit | ty Record | Member needs further assessment of intellectual/developmental disabilities. Member needs further assessment of Depression Member needs further assessment of Bipolar disorder Member needs further assessment of Psychotic disorder | 04/12/2022 04/12/2022 04/12/2022 04/12/2022 | Resolved Resolved Resolved | Sarah Overholser Sarah Overholser Sarah Overholser Sarah Overholser | 04/12/2022 04/12/2022 04/12/2022 04/12/2022 | Glenn Baker Glenn Baker Glenn Baker | 04/12/20 04/12/20 04/12/20 |
| Activity Author | ty Record | Member needs further assessment of intellectual/developmental disabilities. Member needs further assessment of Depression Member needs further assessment of Bipolar disorder Member needs further assessment of Psychotic disorder Referral to OhioRISE | 04/12/2022 04/12/2022 04/12/2022 04/12/2022 | Resolved Resolved Resolved Added | Sarah Overholser Sarah Overholser Sarah Overholser Sarah Overholser Glenn Baker | 04/12/2022 04/12/2022 04/12/2022 04/12/2022 04/12/2022 | Glenn Baker Glenn Baker Glenn Baker N/A | 04/12/20 04/12/20 04/12/20 N/A |
| Activity Author Ge Compl | ty Record rizations laints | Member needs further assessment of intellectual/developmental disabilities. Member needs further assessment of Depression Member needs further assessment of Bipolar disorder Member needs further assessment of Psychotic disorder Referral to OhioRISE | 04/12/2022 04/12/2022 04/12/2022 04/12/2022 04/12/2022 | Resolved Resolved Resolved Added | Sarah Overholser Sarah Overholser Sarah Overholser Glenn Baker | 04/12/2022 04/12/2022 04/12/2022 04/12/2022 | Glenn Baker Glenn Baker Glenn Baker N/A | 04/12/20 04/12/20 04/12/20 N/A |
| Activit Author مَنْهُ Completion | rizations laints | Member needs further assessment of intellectual/developmental disabilities. Member needs further assessment of Depression Member needs further assessment of Bipolar disorder Member needs further assessment of Psychotic disorder Referral to OhioRISE | 04/12/2022 04/12/2022 04/12/2022 04/12/2022 04/12/2022 | Resolved Resolved Resolved Added | Sarah Overholser Sarah Overholser Sarah Overholser Glenn Baker | 04/12/2022 04/12/2022 04/12/2022 04/12/2022 04/12/2022 | Glenn Baker Glenn Baker Glenn Baker N/A | 04/12/20 04/12/20 04/12/20 N/A |
| Activit Author مَآف Compl | rizations laints | Member needs further assessment of intellectual/developmental disabilities. Member needs further assessment of Depression Member needs further assessment of Bipolar disorder Member needs further assessment of Psychotic disorder Referral to OhioRISE | 04/12/2022 04/12/2022 04/12/2022 04/12/2022 04/12/2022 | Resolved Resolved Resolved Added | Sarah Overholser Sarah Overholser Sarah Overholser Glenn Baker | 04/12/2022 04/12/2022 04/12/2022 04/12/2022 04/12/2022 | Glenn Baker Glenn Baker Glenn Baker N/A | 04/12/20 04/12/20 04/12/20 N/A |

Care Plan-Guiding Opportunities

| LareSource | ALTRUISTA ID Tenter Tex | kt 🔍 🗸 | | | | | Welc Exte | come Michelle ernal Care Staff | |
|---|---|---|---|--|---|---|---|-----------------------------------|-----------|
| ☆ ≗ ≡ | | | | | | 🛗 My Caler | hdar Action - Plan | Notes | |
| Member Summary | 2 Phone : Care Manager : Sara | ah Overh | | | | RISK SCORE | RISK LEVEL | RISK WEIGHT | |
| | PCP : Tiffany Bla 2 ity Care Org : N | Not Available Life Threatening <u>Allergies</u> Client | :: OH | | | 2 | Medium | 0 | |
| ÷ | Team Care Plan Guiding Opportunities Mer | mber Plan Service Plan Advance Direc | 4 munity Refer | ral | | | | | |
| Member Info | Opportunity Source: External quality measure V Op Existing opportunities | Measur | re Version: 2021 V | Date: Start Date III End Date: | End Date 🗒 Q 😂 | | | | |
| 😻 Health | Opportunity External quality measures ppc tun WellCare | Measure Code | Measure Category | NCQA Grouping | Annual Wellcare Exa | י ח | | Documents | |
| | · | | | | | | | | |
| 🔒 Care Plan | | T | | | | | | | |
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| Activity Decord | | | | | | | | | |
| Activity Record | | • | | | | | | | |
| Activity RecordAuthorizations | | Team Care Plan Guiding Opportur | nities Member Plan Se | rvice Plan Advance Directives | | | | | |
| Activity Record Authorizations | | Team Care Plan Guiding Opportun Opportunity Source: External quality meas | nities Member Plan Se | rvice Plan Advance Directives Measure Versio | on: 2020 V Start Date: Start Date | 🗊 End Date: End Date 🛛 🗑 🕻 | م <i>ع</i> | | |
| Activity Record Authorizations Authorizations | | Team Care Plan Guiding Opportun Opportunity Source: External quality meas Opportunity | nities Member Plan Se uur 💙 Opportunity Name: Opportunity Status | rvice Plan Advance Directives Measure Versid Measure Code Mea | on: 2020 V Start Date: Start Date asure Category NCQA Gro | End Date: End Date Control Mease | Q <i>C</i> ure Description | | Documents |
| Activity Record Authorizations Complaints | | Team Care Plan Guiding Opportunit Opportunity Source: External quality mease Opportunity Developmental Screening - 30 Month | nities Member Plan Se sure Opportunity Name: Opportunity Status | rvice Plan Advance Directives Measure Versik Measure Code Mea To women Developmental Screening - 30 Month N/A | on: 2020 ▼ Start Date: Start Date asure Category NCQA Gro N/A | End Date: End Date Develo | ure Description | | Documents |
| Activity Record Authorizations Complaints | I I I I I I I I I I I I I I I I I I I | Team Care Plan Guiding Opportun Opportunity Source: External quality meas Opportunity Developmental Screening - 30 Month Developmental Screening - 9 Month Developmental Screening - 9 Month | nities Member Plan Se urr V Opportunity Name: Opportunity Status A A | Invice Plan Advance Directives Measure Version Measure Code Measure Version Developmental Screening - 30 Month Developmental Screening - 9 Month NA | on: 2020 V Start Date: Start Date asure Category NCQA Gro N/A N/A | End Date: End Date End Date: End Date Meas Devel Devel Devel | Q 2 ure Description opmental Screening - 30 Month | | Documents |
| Activity Record Authorizations Complaints | H 4 1 F H 20 V items per page | Team Care Plan Guiding Opportun Opportunity Source: External quality meas Opportunity Developmental Screening - 30 Month Developmental Screening - 9 Month ImmunChild | nities Member Plan Se urr V Opportunity Name: Opportunity Status A A A | Advance Directives Measure Code Measure Versid Newlopmental Screening - 30 Month N/A Developmental Screening - Month N/A CIS N/A | ion: 2020 Start Date: Start Date asure Category N/A N/A N/A N/A | End Date: End Date End Date Meas Devel Devel Childh | ure Description opmental Screening - 30 Month opmental Screening - 9 Month | | Documents |
| Activity Record Authorizations Complaints | I ◀ 1 ► ► 20 ▼ items per page | Team Care Plan Guiding Opportunity Opportunity External quality mease Opportunity Developmental Screening - 30 Month Developmental Screening - 9 Month ImmunChild Immunization - DTaP 1 Immunization - DTaP 1 | nities Member Plan Se aur V Opportunity Name: Opportunity Status A A A V | Advance Directives Measure Code Measure Versix Norman Developmental Screening - 30 Month N/A Developmental Screening - 30 Month N/A CIS N/A Immunization - DTaP 1 N/A | on: 2020 ▼ Start Date: Start Date asure Category NCQA Gro N/A N/A N/A | End Date: End Date Image: End Date Imag | Q 2 ure Description opmental Screening - 30 Month appmental Screening - 9 Month wood Immunization Status nization - DTaP 1 | | Documents |
| Activity Record Authorizations Complaints | I ◀ 1 ► ► 20 ▼ items per page | Team Care Plan Guiding Opportun Opportunity Source: External quality meas Opportunity Developmental Screening - 30 Month Developmental Screening - 9 Month Immunication - DTaP 1 Immunization - DTaP 1 Immunication - DTaP 2 | nities Member Plan Se orr Opportunity Name: Opportunity Status Opport A A A A A A A A A A A A A A A A A A A | rvice Plan Advance Directives Measure Versit Measure Code Mea To Workur Developmental Screening - 9 MA Developmental Screening - 9 MA CIS N/A Immunization - DTaP 1 N/A Immunization - DTaP 2 N/A | on: 2020 ✓ Start Date: Start Date asure Category NCQA Gro N/A N/A N/A N/A N/A | End Date: End Date End Date: End Date Meas Devel Devel Childh Immu Immu Immu Immu Immu Immu Immu Imm | opmental Screening - 30 Month communization Status nization - DTaP 1 nization - DTaP 2 | | Documents |
| Activity Record Authorizations Complaints | I4 4 1 ► ►I 20 ▼ items per page | Team Care Plan Guiding Opportun Opportunity Opportunity Developmental Screening - 30 Month Developmental Screening - 9 Month Immunization - DTaP 1 Immunization - DTaP 2 Immunization - DTaP 3 Immunization - DTaP 3 | nities Member Plan Se urr V Opportunity Name: Opportunity Status A A A A A A A A A A A A A | Advance Directives Measure Code Measure Verside Developmental Screening - 30 Month N/A Developmental Screening - 9 N/A CIS N/A Immunization - DTaP 2 N/A Immunization - DTaP 3 N/A | Ion: 2020 V Start Date: Start Date asure Category NCQA Gro N/A N/A N/A N/A N/A N/A N/A | End Date: End Date Im Devel D | ure Description opmental Screening - 30 Month opmental Screening - 9 Month tood Immunization Status nization - DTaP 1 nization - DTaP 2 nization - DTaP 3 | , | Documents |
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| Activity Record Authorizations Complaints | I ◀ 1 ► ► 20 ▼ items per page | Team Care Plan Guiding Opportun Opportunity Opportunity Developmental Screening - 30 Month Developmental Screening - 9 Month ImmunChild Immunization - DTaP 1 Immunization - DTaP 2 Immunization - DTaP 3 Immunization - DTaP 4 Immunization - H Influenza Type 8 (HIB) 1 | nities Member Plan Se urr ▼ Opportunity Name: Opportunity Status A A A A A A A A A | Advance Directives Measure Code Measure Versix Developmental Screening - 30 Month N/A Developmental Screening - 30 Month N/A CIS N/A Immunization - DTaP 1 N/A Immunization - DTaP 2 N/A Immunization - DTaP 3 N/A Immunization - DTaP 4 N/A Immunization - TaP 4 N/A Immunization - H Influenza Type 8 (HIB) 1 N/A | on: 2020 	Start Date: Start Date asure Category NCQA Gro N/A | End Date: End Date uping Meas Devel Childh Immu Immu Immu Immu Immu Immu Immu Imm | pre Description opmental Screening - 30 Month sponental Screening - 9 Month nood Immunization Status nization - DTaP 1 nization - DTaP 2 nization - DTaP 3 nization - DTaP 4 nization - H Influenza Type B (H | n (B) 1 | Documents |
| Image: A ctivity Record Image: A ctivity Record | H ◀ 1 ► ► 20 ▼ items per page | Team Care Plan Guiding Opportunity Opportunity External quality mease Opportunity Developmental Screening - 30 Month Developmental Screening - 9 Month ImmunChild Immunization - DTaP 1 Immunization - DTaP 2 Immunization - DTaP 3 Immunization - DTaP 4 Immunization - H Influenza Type B (HIB) 1 Immunization - H Influenza Type B (HIB) 2 | nities Member Plan Se surr Opportunity Name: Opportunity Status Opportunity Catus | rvice Plan Advance Directives Measure Code Mea 19 worum Developmental Screening- 30 Month Developmental Screening- 30 Month N/A CIS N/A Immunization - DTaP 1 N/A Immunization - DTaP 2 N/A Immunization - DTaP 3 N/A Immunization - HInfluenza Type 8 (HB) 1 N/A | Ion: 2020 ▼ Start Date: Start Date asure Category NCQA Gro N/A N/A N/A N/A N/A N/A N/A N/A | End Date: End Date uping Meas Devel Devel Childt Childt Immu Immu Immu Immu Immu Immu Immu Imm | apprential Screening - 30 Month opmental Screening - 9 Month bood Immunization Status nization - DTaP 1 nization - DTaP 2 nization - DTaP 3 nization - DTaP 4 nization - H Influenza Type B (H nization - H Influenza Type B (H | ив) 1 нв) 2 | Documents |

Care Plan-Member Plan

| CareSource | ALTRUISTA ID 🗸 Enter Text | Q., | | | Weld Exte | rnal Care Staff |
|------------------|---|--|--|------------------------|-----------------------------|-----------------------------------|
| ▲ = | | | | (iii) My Calen | dar Action - Plan | Notes |
| Member Summary | Phone : Care Manager : Sarah Overh PCP : Tiffany Blaz Community Care Org : Not Available | Life Threatening Allergies Client : OH | $\mathbf{>}$ | RISK SCORE 2 | RISK LEVEL Medium | RISK WEIGHT O |
| ← Member Info | Team Care Plan Guiding Opportunities Member Plan Set Category: Select All Language: ENG Start Date: | ervice Plan Advance Directives | Community Referral | | (Prir | n t Preview 🖂 Email 🖋 Edit |
| 🍄 Health | Preference Task | o have a shared e-mail. Member Goal | Member Status Start Date Target Date Care Staff Comments | 1 | Member Comments | |
| Care Plan | | | | | | |
| | | | | | | |

Care Plan-Advance Directives

| CareSource | ALTRUISTA ID 🔹 Enter Text | Q, | | | | | Welc Exte | rnal Care Staff |
|----------------------|--|-----------------------------------|-----------------------------|-----------|---------------|------------------------|-----------------------------|--|
| ☆ & ≡ | | | | | | (iii) My Calendar | Image: Plan | Notes Alerts Manage • |
| Member Summary | Phone : Care Manager : Sarah Overh PCP : Tiffany Blaz Community Care Org : Not Available | Life Threatening Allergies | Client : OH | | | RISK SCORE 2 | RISK LEVEL Medium | RISK WEIGHT O |
| ← | Team Care Plan Guiding Opportunities Member Plan | Service Plan Advance Di | rectives Community Referral | | | | | |
| O Member Info | Advance Directive Type | Addressed Completion Date Date | Created By | Created 0 | On Updated By | | Uţ | Add Image: Control of the second se |
| 😍 Health | | | | | | | | * |
| 🗈 Care Plan | | | | | | | | |
| Activity Record | | | | | | | | |

Care Plan-Community Referral

| CareSource | ALTRUISTA ID V Enter Text Q | | Weld Exte | ome Michelle rnal Care Staff |
|-----------------|--|------------------------|-----------------------------|---------------------------------|
| ⋒ ∎ | | 🛗 My Calendar | Action - Plan | Notes Alerts Manage • |
| Member Summary | Phone : Care Manager : Sarah Overh PCP : Tiffany Blaz Community Care Org : Not Available Life Threatening Allergies Client : OH | RISK SCORE 2 | RISK LEVEL Medium | RISK WEIGHT O |
| ~ | Team Care Plan Guiding Opportunities Member Plan Service Plan Advance Directives Community Referral | | | |
| Member Info | Image: Second system Image: Se | | | |
| 😍 Health | Search for providers who assist with community services like food, childcare, housing and more. Find Food pantry, home services Within 50 miles * Near 14834 Empire Rd Thornville OH 43076 Search Q | | | |
| Care Plan | Filter By Partnershin Type All Providers Y Pesources () Local (Remote) | | | |
| Activity Record | | | | |

Activity Record-Notes

| CareSource | ALTRUISTA ID v Enter | er Text Q 👻 | | | | | Welcom Externa | e Michelle al Care Staff |
|-----------------|---|---|--|--------------------------------|-------------|------------------------|-----------------------------|-----------------------------|
| ▲ = | | | | | | My Calendar | Image: Plan | Notes Alerts Manage |
| Member Summary | Phone : Care Manager : PCP : Tiffany Blaz Community Care Or | : Sarah Overh rg : Not Available <mark>Life Threatening Allergies</mark> Client : OH | \bigotimes | | F | RISK SCORE 2 | RISK LEVEL Medium | risk weight 0 |
| ÷ (2) | Notes Activity Summary Required Activit | ties Outstanding Activities Documents Articles Con | sent Forms | | | | | |
| Member Info | From Date To Date Select | ▼ Select ♥ | Q 2 | +/-Expand | all 🗘 Add 🥒 | Edit 前 Delete 🖡 | 🗳 Print Queue – 💼 S | Save and Print Queue 🤊 |
| 😍 Health | Note Type Notes | | View Note: | Activity Type | Script Name | Created By | Created On Update | ed By Updated On |
| Care Plan | TRIAGE SUMMARY | (| 3 。 | NCentaurus | N/A | API USER | 04/19/2022 08:02:22 AM | N/A |
| Activity Record | Cal | | | | | | | |
| | Activity Testing, to make sure CN | M gets this in GC. | 0 | NCentaurus | N/A | API USER | 04/18/2022 03:15:13 PM | N/A |
| Authorizations | Activity Follow-up with Member | 's Grandmother regarding blood sugar checks. | ٥ | Follow Up | N/A | Sarah Overholser | 04/13/2022 09:13:28 PM | N/A |
| Complaints کُلُ | Activity Contact the Boys & Girls | s Club regarding youth activities per request of Member's Grandmother. | Awaiting call back. O | Community Referral Activity | N/A | Sarah Overholser | 04/13/2022 09:00:00 PM | N/A |
| | Pre-call Keview Confirmed member eligi Member Note diagnosis of Diabetes. | jible for Ohio Medicaid. Aid Category ABD - Disabled. Member referred b | y CM at OhioRISE for assistance with new 💿 | N/A | N/A | Glenn Baker | 04/12/2022 N/A | N/A 🗸 |
| | I I I I I I I I I I I I I I I I I I I | | | | | | | 1 - 13 of 13 items 🛛 🖒 |

Activity Record-Activity Summary

| Cares | Source | ALTRUISTA | ID 🔻 Enter Text | Q, , | | | | | Welcon Extern | ne Michelle al Care Staff | . |
|------------|-----------------|--|---|-------------------------------------|---|---------------|----------------|---|-----------------------------|-------------------------------------|------------|
| ^ 4 | | | | | | | | 🛗 My Calend | dar Action - Plan | Notes | ts Manag |
| Mem | ber Summary | 2 Phone Pr 2 az | Care Manager : Sarah Overh Community Care Org : Not Availa | Ible Life Threatening Allergies | Client : OH | | | RISK SCORE 2 | RISK LEVEL Medium | RISK WE O | EIGHT |
| ← | | Notes Activity Summar | ry Required Activities Out | standing Activities Documen | ts Articles Consent Form: | 5 | ſ | | | (| |
| 0 | Member Info | | | | | | | Script Summary,General Activity | T | Show S | Show All |
| * | Health | Script Activity Script Name : Select | Ţ | Q | | | | | Choose Columns | PAM | sF-12 🔊 |
| Ô | Care Plan | Script Performed Scrip | pt Performed Date Script Perf | formed By Script Status | Script Complete/ Eligibility Date | Program Nam | e Script Score | Activity Type Activity Outcome | e Actual Duratio | n Delete | |
| | Activity Record | Health Needs Assessment 05/10 | 0/2022 04:29:03 PM Sarah Over | holser Cancelled | 05/10/2022 04:32:36 PM | N/A | 0 | Assessm N/A | 00:00:00 | Ô | ^ |
| C' | Authorizations | UM MD Review 04/20 | 6/2022 09:48:42 AM Katharine F | Howard Completed | 04/26/2022 09:51:49 AM | N/A | 0 | UM - MD Review N/A Request Form | 00:00:00 | Ŵ | |
| áľé | Complaints | UM MD Review 04/20 Request 04/20 | 0/2022 10:18:31 PM Priscilla Prj | or Completed | 04/21/2022 N/A 04:23:09 AM | N/A | 0 | UM - MD Review N/A Request Form | 00:00:00 | Ŵ | 1 |
| | | D TOC Post-Discharge Assessment 04/11 | 5/2022 09:41:05 AM Sarah Over | holser Cancelled | 04/15/2022 09:43:50 AM | N/A | 0 | AssessmN/A | 00:00:00 | Ŵ | |
| | 4 | Childhood Diabetes | • items per page | 2 | | | | | | 1 - 9 of 9 ite | ems O |
| | | Performed On | Performed By | Scheduled Date | Scheduled By | Activity Type | Eligibility | Program Name | Activity Outcome | View | Delete |
| | | 04/13/2022 09:13:28 PM | Sarah Overholser | 04/13/2022 10:00:00 AM | Sarah Overbolser | Follow Up | N/A | N/A | Successful : Successful | 0 | m • |

Activity Record-Documents

| CareSource | ALTRUISTA ID 🗸 Enter Text | Q, | | | | | Welcome Michelle External Care Staff |
|-----------------|---|---|----------------------|------------------------------|--------------------|------------------------|--|
| * ▲ = | | | | | | (iii) My Cale | endar Action - Plan Notes Alerts Manage - |
| Member Summary | Phone : Care Manager : Sarah Ov PCP : Tiffany Blaz Community Care Org : Not A | erh _{Vailable} Life Threatening Allergies | Client : OH | \odot | | RISK SCORE 2 | RISK LEVEL RISK WEIGHT Medium 0 |
| ÷ | Notes Activity Summary Required Activities On | utstanding Activities | nts Articles Consent | Forms | | | |
| Member Info | Category Select | Document Type Select | From Date | To Date MM/DD/YYYY | Q 🔁 Config Columns | | |
| 😻 Health | E 🛓 Upload | | | | | i Once the document(s) | are synced in Member Portal user cannot change the status. |
| | Document ID Document | View | Туре | | Draft | Resend | Member Portal |
| Care Plan | 269392 | | Care Plan | | | N/A | View |
| Activity Record | 269383 Full Care Plan.pdf | o | Care Plan | | | N/A | View |
| | 269321 | | Assessmen | t | | N/A | View |
| | | | | | | | |



OH Medicaid Member Services https://www.caresource.com/oh/plans/medicaid/

OH Medicaid Value-Added Benefits https://www.caresource.com/oh/plans/medicaid/benefitsservices/additional-services/



Lesson 5 MCO Sentinel and Critical Events/Requirements

IP Visits (ADT)-Population Level

Alerts

Description

hours

7 days

IP Visit in last 24

Members who were discharged from an

IP/ER visit in the last

🖌 🖌 1 2 🖪 🕨

Hospitalization

| | ADT | By | Admission | n/Discha | rge: Load Date | ♥ Fron | n Date: 01/13/2022 | Date: 04/13/2 | 022 💼 | Event Type | : Select | ~ | Class: In | patient | • | Q 2 | In progress | |
|--------|----------------|------------------|---------------|----------|------------------------|------------------|-------------------------------------|-------------------|--------------|----------------------------|----------------------------|-----------------------------------|-------------|--------------|-----------------------|---------------|-------------------|------|
| | L | .ast F Name N | First Name | DOB | Admit Date | Facility Name | Event Type | Discharge Date | Ack Disch | Disch Ack/Un- Ack On | Disch Ack/Un- Ack By | My Care Mana | Medic ID | Altrui ID | Risk Comp Score | Risk Score | Load Date | Clie |
| | • | | | | 04/06/2022 00:00:00 | UHC | A03 : Discharge/End Visit | 04/13/2022 | | N/A | N/A | Care Coord : Jennifer | N/A | 10232 | N/A | N/A | 04/13/2022 | он |
| | + : . | | | | 04/11/2022 | UHC | A03 : Discharge/End Visit | 04/13/2022 | | N/A | N/A | N/A | N/A | 10333 | N/A | N/A | 04/13/2022 | он |
| Source | Updated On | | × × | | 03/01/2022 00:00:00 | UHC | A03 : Discharge/End Visit | 04/13/2022 | | N/A | N/A | Care Coord : Megan Schwe | N/A | 10345 | N/A | N/A | 04/13/2022 | он |
| ADT | N/A | | 1 | | 04/10/2022 | MTF | A03 : Discharge/End Visit | 04/13/2022 | | N/A | N/A | N/A | N/A | 10870 | N/A | N/A | 04/13/2022 | ОН |
| | | - | - | | 04/13/2022 00:00:00 | FMC | A08 : Update Patient Information | N/A | | N/A | N/A | N/A | N/A | 10951 | N/A | N/A | 04/13/2022 | он |
| CLAIMS | N/A | | | | 04/08/2022 | | A08 : Update Patient | | | | | | | | | | | l |
| 10 | ▼ items per pa | ge | • | ► | • ▶ 25 | ▼ items | per page | | | | | | | | | | 1 - 25 of 28696 i | tems |

ER Visits (ADT)-Population Level

Alerts

| | | Dashboard | ŧ | Filter By | | | | | | | | | | | | | | | | |
|----------------------------|----------------|--------------------------|--------|-----------|-------------|---------------|------------------------|------------------|-------------------------------------|---------------|--------------|----------------------------|----------------------------|--------------------|-------------|--------------|-----------------------|------------|---------------|---------|
| | | My Members | ADT | | ▼ A, | dmission/Dis | scharge: Load Date | ✓ From | Date: 01/13/2022 | To Date: 04 | /13/2022 | 🗰 Even | t Type: A | 01 : Admit / 🗸 | Class: Em | ergency | ~ (| ຊິລ | In progre | 55 |
| | | Quality Measures | | L | ast lame | First Name | OOB Admit Date | Facility Name | Event Type | Disch Date | Ack Disch | Disch Ack/Un- Ack On | Disch Ack/Un- Ack By | My Care Manager | Medic ID | Altrui ID | Risk Comp Score | Risk Sc | Load Date | Client |
| | | Admission/ Discharges | • : | | | | 04/13/2022 00:00:00 | MVH | A01 : Admit / Visit Notification | N/A | | N/A | N/A | N/A | N/A | 10907 | N/A | N/A | 04/13/2022 | ОН |
| | | | • : | | | | 04/13/2022 00:00:00 | тсн | A01 : Admit / Visit Notification | N/A | | N/A | N/A | N/A | N/A | 10647 | N/A | N/A | 04/13/2022 | ОН |
| | | My Calendar | * : | | | | 04/13/2022 00:00:00 | GMC | A01 : Admit / Visit Notification | N/A | | N/A | N/A | N/A | N/A | 10306 | N/A | N/A | 04/13/2022 | ОН |
| | | Knowledge Library | * : | | | | 04/13/2022 00:00:00 | TMHS | A01 : Admit / Visit Notification | N/A | | N/A | N/A | N/A | N/A | 10284 | N/A | N/A | 04/13/2022 | ОН |
| | | 1 | * : | | | | 04/13/2022 00:00:00 | TMHS | A01 : Admit / Visit Notification | N/A | | N/A | N/A | N/A | N/A | 10232 | N/A | N/A | 04/13/2022 | ОН |
| | | Requests | * : | | | | 04/13/2022 00:00:00 | CCF | A01 : Admit / Visit Notification | N/A | | N/A | N/A | N/A | N/A | 10424 | N/A | N/A | 04/13/2022 | ОН |
| | | | | 2 | ĸ | | 04/13/2022 00:00:00 | GVC | A01 : Admit / Visit Notification | N/A | | N/A | N/A | N/A | N/A | 10440 | N/A | N/A | 04/13/2022 | ОН |
| ption | Cou Source | Updated O | n | | | | 04/13/2022 | SIHC | A01 : Admit / Visit | N/A | | N/A | N/A | N/A | N/A | 10322 | N/A | N/A | 04/13/2022 | ОН |
| | | | | | 8 | 4 5 | ► ► 25 | 🔹 items p | er page | | | | | | | | | | 1 - 25 of 951 | 3 items |
| rt | 183 CLAIMS | N/A | | | | | | | | | | | | | | | | | | |
| it in last 2 days | <u>171</u> ADT | N/A | | | | | | | | | | | | | | | | | | |
| it in last 24 | <u>153</u> ADT | N/A | | | | | | | | | | | | | | | | | | |
| ers with no -face visit | | | | - | | | | | | | | | | | | | | | | |
| 1 2 3 | ► H [10 | items pe | r page | | | | | | | | | | | | | | | | | |

IP Visits (ADT)-Member Level



| Alerts Please acknowl | edge alerts by selecting the | check box. | | × |
|-------------------------------------|------------------------------|------------|------------|----------|
| Filter by From MM/DD/YYYY | ∰ - To MM/DD/YYYY ∰ | Q 2 | | |
| There are 14 Alerts with new status | | | | |
| Description | Туре | Source | Alert Date | End Date |
| IP Visit in last 24 hours | N/A | HL7 | 04/06/2022 | N/A |

| Member Medical Info Visits Diagnosis | Medications Health Indicators Ap | pointments | | | | |
|---|----------------------------------|------------|------------------|-----------------|--|----|
| Search By | From Date | To Date | | | | |
| Visit Type | Service From | Service To | Provider Name | Diagnosis Codes | Vi Event Type | ew |
| Inpatient | 04/06/2022 | 04/13/2022 | Jeffrey Hardacre | K86.2 | A03 : Discharge/End Visit | 7 |
| Inpatient | 04/06/2022 | N/A | Jeffrey Hardacre | K86.2 | A08 : Update Patient Information | 1 |
| Inpatient | 04/06/2022 | N/A | Jeffrey Hardacre | K86.2 | A01 : Admit / Visit Notification | |
| Inpatient | 03/30/2022 | 04/04/2022 | Stanley Cohen | K85.90 | A03 : Discharge/End Visit | |
| Inpatient | 03/30/2022 | N/A | Brooke Glessing | K85.90 | A08 : Update Patient Information | |
| Emergency | 03/29/2022 | N/A | N/A | N/A | A04 : Register a Patient | |
| Emergency | 03/29/2022 | N/A | N/A | N/A | A08 : Update Patient Information | |
| Outpatient | 02/25/2022 | N/A | Matthew Messana | N/A | A08 : Update Patient Information | |
| I | er page | | | | 1 - 20 of 33 items | Ċ |

ER Visits (ADT)-Member Level

| Member Summary | 8 |
|----------------|---|
| Chrishelle | 4 |
| | |

| 1 | Alerts Please acknowle | edge alerts by selecting the | check box. | | × |
|-------|----------------------------------|------------------------------|------------|------------|----------|
| Filte | r by From MM/DD/YYYY | 🗊 - To MM/DD/YYYY 🏢 | Q 2 | | |
| There | e are 8 Alerts with new status | | - | | |
| | Description | Туре | Source | Alert Date | End Date |
| | New ER Visit in last 24 hours | N/A | HL7 | 04/12/2022 | N/A |
| | New Discharge in last 2 days | N/A | HL7 | 10/12/2021 | N/A |

| Member Medical Info Visits D | Diagnosis Medications Health Indica | tors Appointments | | | |
|-------------------------------------|-------------------------------------|-------------------|---------------------------------------|-----------------|----------------------------------|
| Search By | Fr | om Date To Date | | | |
| EMR 🖌 Type of Visit | t 🗸 Enter Text | | | | |
| | | | | | View |
| Visit Type | Service From | Service To | Provider Name | Diagnosis Codes | Event Type |
| Emergency | 04/12/2022 | 04/12/2022 | N/A | N/A | A03 : Discharge/End Visit |
| Emergency | 04/12/2022 | N/A | N/A | N/A | A08 : Update Patient Information |
| Emergency | 04/12/2022 | N/A | N/A | N/A | A04 : Register a Patient |
| Emergency | 04/12/2022 | N/A | N/A | N/A | A01 : Admit / Visit Notification |
| Outpatient | 10/11/2021 | 10/12/2021 | KYULIM LEE | N/A | A03 : Discharge/End Visit |
| Outpatient | 10/11/2021 | N/A | KYULIM LEE | N/A | A04 : Register a Patient |
| Outpatient | 10/11/2021 | N/A | KYULIM LEE | N/A | A08 : Update Patient Information |
| | · | | · · · · · · · · · · · · · · · · · · · | | v 1.7.677immer ▲ |
| I¶ ¶ ♥ ▶ ▶ 20 ♥ ite | ems per page | | | | 1 - 7 of 7 items O |
Lesson 6 Future State/Next Steps

Re-admission Risk

| Re-aum | 551011 RIS | ok (| 2 | |
|---|--|---------------|-----------------------|---------------|
| | Phone Numbers | | | |
| | Addresses | | | |
| | Privacy Group Control Contact | | | |
| | Family Details | | | |
| | Member Identifiers | | | |
| | Additional Information | | | |
| | Medicaid Status: | Not Available | Person Code: | Not Available |
| | Client Name: | Not Available | Risk of Admission: | Not Available |
| | Self Reported Race: | Not Available | Medicaid Recert Date: | Not Available |
| nPatient OutPatient Pharmacy HCBS Complaint | Icm Expansion Or Blended Cm: | Not Available | Billing Slot Type: | Not Available |
| Member Summary | ar ilable Client : AR | | | 6 |

Issues/Support

Send an email with an explanation of your issue to:

accesscarecoordinationportal@caresource.com



Key Takeaways

- The CareSource Care Coordination Portal, or CCP, is our vehicle to collaborate with care providers and members.
- User access requests start at the Ohio Department of Medicaid Portal.
- Accessing the CareSource CCP begins from the ODM Portal dashboard.
- Members can view their information in the Member Portal.
- The CareSource CCP meets the requirements for Community Care Entities (CCE) and Care Management Entities (CME) providers to navigate a member's record.